

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035880

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 122

FILED OCT 1 1963

1. PLACE OF DEATH

a. COUNTY

HARRISON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Bethany

Length of stay in 1b

13 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Holl Memorial Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

HARRISON

c. CITY OR TOWN

Eagleville, Mo

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

None

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

MYRTLE BELLE Miller

4. DATE OF DEATH

Month

Day

Year

Sept 25, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Sept 12, 1892

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Housekeeping

11. BIRTHPLACE (City and state or country)

Civil Bend, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Thomas J. Fletcher

13b. MOTHER'S MAIDEN NAME

MARY A. Davis

14. NAME OF HUSBAND OR WIFE

Judson Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

Ray Miller, Bethany, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia hyperstatic 522

INTERVAL BETWEEN ONSET AND DEATH

3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral hemorrhage 331

4 days-

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Fracture Right Femur

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fell in home

20c. TIME OF INJURY

Hour a.m. 9 13 63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

home

20f. CITY, TOWN, OR LOCATION

Eagleville

COUNTY

Harrison

STATE

Mo

21. I attended the deceased from 9-13 63 to 9-25 63 and last saw her alive on 9/24/63

Death occurred at 12:25 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

W. F. Broyles MD

22b. ADDRESS

Bethany Mo

22c. DATE SIGNED

9/27/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

Sept 27, 1963

23c. NAME OF CEMETERY OR CREMATORY

Masonic Cemetery

23d. LOCATION (City, town, or county)

Eagleville, Mo.

(State)

24. FUNERAL DIRECTOR

Gerald W. Baggess, Eagleville, Mo

ADDRESS

Sept 27-1963

Sept 27-1963

26. REGISTRAR'S SIGNATURE

Gella Mayley

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
10411
2 04/102
3
4 1
5 2
6
7 0
8 2
9 331XF
10
11
12 1-0
13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Israel W. Buggess

Licensed Embalmer No. 4762

P. O. Address Eagleville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.